

Survey: Family Questionnaire #2

TGH Participant,

Thank you in advance for completing this questionnaire. We are hoping that your information and ideas will help us to make sure that TGH is the best program it can be. We encourage you to be open and honest in all of your responses. Your identity will be kept confidential at all times; only an identifier will appear when the data are examined. If you have any questions, please feel free to contact Josefina Bonilla Ruiz, Program Director, (617) 918-4249.

This Questionnaire should be completed by parents and children together.

Thank you,
The TGH Staff

Date: ____ ____ ____

Parent Name: _____

Child's Name: _____

Technology Collaborative/School:

- | | |
|--|---|
| <input type="checkbox"/> Allston Brighton | <input type="checkbox"/> Horace Mann for the Deaf and Hard of Hearing |
| <input type="checkbox"/> Codman Square | <input type="checkbox"/> Lee Elementary School |
| <input type="checkbox"/> Grove Hall | <input type="checkbox"/> Mason Elementary School |
| <input type="checkbox"/> Lower Roxbury | <input type="checkbox"/> O'Donnell Elementary School |
| <input type="checkbox"/> Mission Hill/Fenway | <input type="checkbox"/> Ohrenberger Elementary School |
| <input type="checkbox"/> Uphams Corner/Dudley | <input type="checkbox"/> Perry Elementary School |
| <input type="checkbox"/> Agassiz Elementary School | <input type="checkbox"/> Stone Elementary School |
| <input type="checkbox"/> Hale School Elementary School | <input type="checkbox"/> Sumner Elementary School |
| <input type="checkbox"/> Hernandez Elementary School | <input type="checkbox"/> Trotter Elementary School |
| <input type="checkbox"/> Higginson Elementary | |

OUTCOMES

1. How often do you (parent) currently use the computer?

- | | |
|---|--|
| <input type="checkbox"/> More than once a day | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Daily | <input type="checkbox"/> Less than Monthly |
| <input type="checkbox"/> Weekly | |

2. What do you do on the computer? (Check as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> Communicate with Friends and Family | <input type="checkbox"/> Research/Browse the Internet |
| <input type="checkbox"/> Communicate with Colleagues | <input type="checkbox"/> Take Classes |
| <input type="checkbox"/> Enter Data and Work on Databases | <input type="checkbox"/> Write and Edit for Work |
| <input type="checkbox"/> Play Games | <input type="checkbox"/> Write and Edit for Personal Use |
| <input type="checkbox"/> Prepare Budgets and Other Numerical Work | |
| <input type="checkbox"/> Other, please state the use: _____ | |

3. Do you plan to enroll in further computer training?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

3a. If yes, what training topics are you interested in? (Check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Internet/Email | <input type="checkbox"/> Data Management/Spreadsheets |
| <input type="checkbox"/> Other, please state the topic: _____ | |

4. How often does your child currently use the computer?

- | | |
|---|--|
| <input type="checkbox"/> More than once a day | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Daily | <input type="checkbox"/> Less than Monthly |
| <input type="checkbox"/> Weekly | |

5. What does your child do on the computer? (Check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Communicate with Friends and Family | <input type="checkbox"/> Games |
| <input type="checkbox"/> Enter Data and Work on Databases | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Internet Research/Browsing | <input type="checkbox"/> Math |
| <input type="checkbox"/> Write and Edit for Personal Use | <input type="checkbox"/> Write and Edit for School |
| <input type="checkbox"/> Other, please state the use: _____ | |

6. Does your child plan to enroll in further computer training?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6a. If yes, what training topics are they interested in? (Check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Internet/Email | <input type="checkbox"/> Data Management/Spreadsheets |
| <input type="checkbox"/> Other, please state the topic: _____ | |

SKILLS ASSESSMENT

7.Rate your computer skills in each of the following areas by choosing the answers that best describe your abilities.

Hardware/Windows Operation

Can you start and shut down the computer?

Parent

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Child

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Can you use the mouse (single clicking, dragging, double-clicking, and right clicking)?

Parent

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Child

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Can you use the start menu to open an application?

Parent

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Child

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Can you create folders to store files?

Parent

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Child

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Can you identify storage drives and check available disk space?

Parent

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Child

- ☐ Can't do yet
☐ Can do, need practice
☐ Can do comfortably

Word

Can you open a new document?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you open an existing document?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you select text (to move, copy, or delete)?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you format text (change font size and type; use bold, italics, and underline; and aligning text)?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you save a document?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you print a document?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Internet

Can you open a web browser program (such as Netscape or Internet Explorer)?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you enter a web address in a browser?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you find a search engine on the Internet (such as yahoo or google)?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you search on the Internet?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you print a web page?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Email

Can you find an email website?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you log into an email account?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you check for new messages on your email account?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you read the messages on your account?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you send an email?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Can you attach a file to an email?

Parent

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

Child

- ☐ Can't do yet
- ☐ Can do, need practice
- ☐ Can do comfortably

PROGRAM SATISFACTION

7. Please rate the following TGH program components:

7a. Instruction in Computer Hardware

- ☐ Very Valuable
- ☐ Valuable
- ☐ Somewhat Valuable
- ☐ Not Valuable

7b. Instruction in Software Basics such as Microsoft Windows, Control Panel, etc.

- ☐ Very Valuable
- ☐ Valuable
- ☐ Somewhat Valuable
- ☐ Not Valuable

7c. Instruction in Email and Internet

- ☐ Very Valuable
- ☐ Valuable
- ☐ Somewhat Valuable
- ☐ Not Valuable

7d. Instruction in Computer Programs such as Microsoft Word

- ☐ Very Valuable
- ☐ Valuable

☐ Somewhat Valuable

☐ Not Valuable

7e. Class Projects

- ☐ Very Valuable
☐ Valuable

- ☐ Somewhat Valuable
☐ Not Valuable

7f. Handouts

- ☐ Very Valuable
☐ Valuable

- ☐ Somewhat Valuable
☐ Not Valuable

7g. Homework Assignments

- ☐ Very Valuable
☐ Valuable

- ☐ Somewhat Valuable
☐ Not Valuable

8. Overall, how would you rate the program's impact on your computer skills?

- ☐ Very Strong Impact
☐ Strong Impact

- ☐ Somewhat Strong Impact
☐ No Impact

9. How would you rate the program's impact on your connection to your community?

- ☐ Very Strong Impact
☐ Strong Impact

- ☐ Somewhat Strong Impact
☐ No Impact

10. How would you rate the program's impact on your child's school performance?

- ☐ Very Strong Impact
☐ Strong Impact

- ☐ Somewhat Strong Impact
☐ No Impact

12. Overall, how satisfied were you with the services you received from TGH?

- ☐ Very Satisfied
☐ Satisfied

- ☐ Somewhat Satisfied
☐ Not Satisfied

13. What did you like about the TGH program?

14. What would you change about the TGH program?

15. Other Comments:

Thank you for completing this questionnaire.